

Multijurisdictional Counterdrug Task Force Training

Prescription Drugs: Diversion and Abuse

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www.counterdrugtv.com



MCTFT

1-800-243-5550
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A partnership between The Florida National Guard and St. Petersburg College

Prescription Drug Diversion and Abuse

Objective

**To understand prescription drug
abuse problems in the U.S. and
improve skills in dealing with
individuals involved in prescription
drug diversion and abuse**

**This program is NOT
intended to discourage the
prescribing or dispensing
of appropriate medication
for legitimate medical
purposes**

Legitimate patients with medical conditions should not suffer because practitioners are fearful of law enforcement

Specific Objectives

- Recognize the common prescription drugs of abuse
- Understand the problems surrounding misuse, abuse, and diversion
- Know the health and behavioral consequences of prescription drugs abuse

Specific Objectives

- Review brief history of narcotics laws
- Emphasize aspects of the CSA 1970
- Reiterate the DEA position on prescribing
- Recognize state law and medical board regulations may be more restrictive than federal law

Prescription drug abuse (PDA) is the intentional misuse of a medicine outside of the normally accepted standards for its use

When used appropriately, prescription drugs are invaluable in treating a wide variety of debilitating disorders

But...

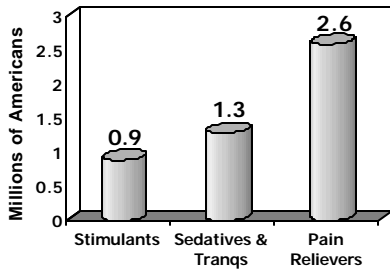
When used non-medically, they can be dangerous, addicting and even deadly!

Prescription Drug Abuse is a Growing Problem

- **Approximately 9 million people used prescription drugs non-medically in 1999**
- **More than a quarter used prescription drugs non-medically for the first time 1999**

2000 National Household Survey on Drug Abuse Data

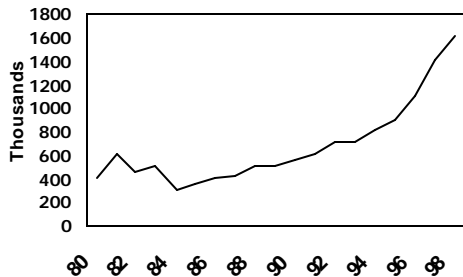
Approximately 4 Million Americans reported current use of prescription drugs for non-medical purpose in 1999



Trends in Initiation of PDA From 1990 to 1998

Drug	Increase
Opioids	181 %
Stimulants	165 %
Tranquilizers	132 %
Sedatives	90 %

Annual Number of People Using Pain Relievers Non-medically for the First Time



National Household Survey on Drug Abuse, 1999

Particular concern of PDA for:

- **Adolescents** Sharp increase in 12 to 17 yr. Olds
- **Women** Increase rate of use in younger women
- **Older adults** 17% of 60+ yr. olds may be affected by prescription drug abuse

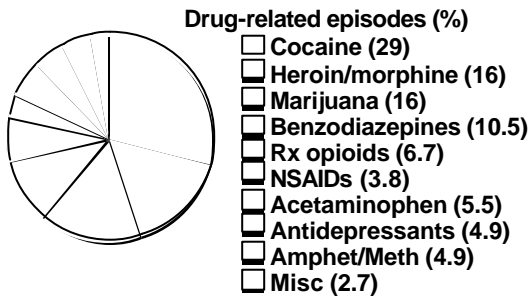
Why Abuse Prescription Drugs vs Street Drugs?

- **Safer**
 - identity
 - purity
 - less HIV / hepatitis risk
- Safer because "it's just a prescription drug"

Why Abuse Pharmaceutical Drugs vs Street Drugs?

- **Low or no acquisition cost**
 - Medicaid, Workers' comp, private insurance, VA, Indian Health Service
- **Less legal risk than illicit drugs**
- **Easily obtainable from practitioners**

Drug Abuse Warning Network (DAWN 2000)



Prescription Drug Abuse

- DAWN data suggest that prescription drugs account for about 25-30% of all drug abuse
- Prescription Drug Abuse has been a growing national health problem that has not received its due attention

Examples of Misuse/Abuse

- Physicians and the public
 - Sex for drugs
 - Money for drugs
 - Drugs for drugs

Sex for Drugs

- Prescriptions in return for sexual favors with no legitimate medical purpose
 - kept a sexual "fee schedule"
 - traded sexual activity with patients for drugs and noted lingerie colors, size, etc, in patient records
 - blackmailed a patient with threat of loss of workers' compensation benefits & prescription drugs for sex
 - Abuse turns to prostitution

Money for Drugs

- Fees for providing prescriptions are based on street value of drug sought
- Never provide refills for controlled substances, so person is forced to return frequently (cash office visit)
- Selling blank, pre-signed prescriptions
- Street sales of prescription drugs

Money for Drugs

- Street value dependent on
 - brand vs generic
 - quick onset
 - intensity
 - short duration of action
 - whether a product can be injected or snorted successfully

Drugs for Drugs

- Splitting filled prescription with the diverter
- Exchange prescription drugs for street drugs
 - anabolic steroids for marijuana
 - benzodiazepines for cocaine
 - hydrocodone for methamphetamine

Healthcare Fraud

- Never provide refills for prescriptions, so person is forced to return frequently (office visit charges to third party)
- Fraudulent diagnosis
 - "padding" the bill
 - misstating diagnosis to gain coverage

Healthcare Fraud

- Billing for services not rendered
 - imaginary patients or procedures
- Seeing known diverters / abusers
 - creating "normal" looking charts

OxyContin **Lortab** **Percocet**

**What are some of the
Abused Prescription
Drugs?**

Vicodin **Xanax** **Dilaudid**
Ritalin **Valium** **Fentanyl** **Tylox**

Why do People Become Prescription Drug Abusers?

- Some people who abuse PD's do so intentionally from the outset
- For others, what began as prescribed use escalates over time



Prescription Drug Abuse

- Effective controlled substances are commonly prescribed for legitimate patients
- As controlled substances are prescribed more often, there is greater availability of the drug
- Thus, there is greater opportunity for diversion

Prescription Drug Abuse

There is often a correlation between the currently popular illicit drugs of abuse and the type of prescription drug sought by diverters

Heroin	Opioids
Cocaine	Benzodiazepines (to soften crash)
methamphetamines	Amphetamines
carisoprodol	Hydrocodone (enhances "high")

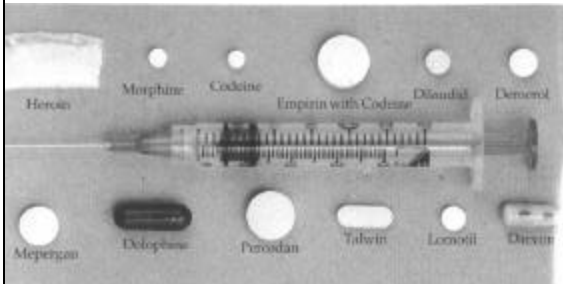
*The major reason
people abuse drugs is
that they like what it
does to their brain*

Classes of Commonly Abused Prescription Drugs

- Opioids/Opiates
 - prescribed to control pain
- Sedatives/Tranquilizers
 - used to treat anxiety and sleep disorders
- Stimulants
 - prescribed for ADHD and narcolepsy

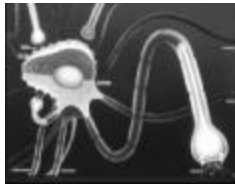
Opioids/Opiates

Examples: Vicodin, Percocet, OxyContin



Opioids: How They Work...

- Attach to certain brain and spinal cord receptors
- Block the transmission of pain messages to the brain
- Increase the level of dopamine in the Pleasure Center of the brain



Opioids are Prescribed For:

- Post surgical pain
- Management of acute and chronic pain
- Relief of severe coughs and diarrhea

Chronic Opioid Use & Abuse

- Tolerance
- Physical Dependency
 - Withdrawal Symptoms
- Addiction
 - Compulsive drug seeking behavior

Clinical Addiction is Rare

- Many studies show that properly managed medical use of opioid analgesics is safe and rarely causes addiction
- Taken as prescribed opioids can be used to manage pain effectively for long periods of time

What's the Opiate High?

- Euphoria, "rush of pleasure"
- Fall into a pleasant dreamy state, "feeling of tranquility"
- Drowsiness - "on the nod"
- Decreased sensitivity to pain

Physical Effects of Abuse

- Breathing slows
- Pupils constrict - miosis
- Flushing of the skin, sweating, itching
- Nausea and vomiting
- Constipation
- The effects on breathing can be extremely dangerous

Opioid/Opiate Overdose

- Overdose can be lethal
- Breathing slows to the point that it ceases
- It can happen with first time use, not an accumulative effect
- Medical intervention is critical

Triad of Effects:

- Constricted, pinpoint pupils
- Comatose
- Respiratory depression



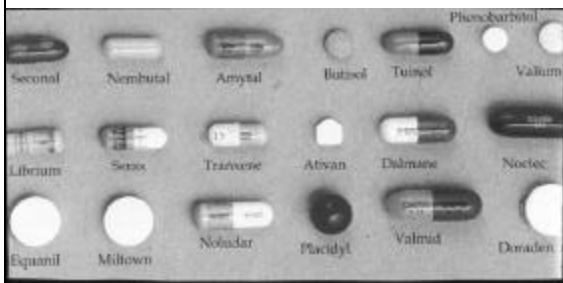
- Hospital ER's:
Narcan
(naloxone)

Opiate Withdrawal Symptoms

- Restlessness, irritability, loss of appetite
- Flu like symptoms appear:
 - Watery eyes, running nose, yawning
 - Shivering and sweating, “cold turkey”
 - Abdominal cramps and muscle aches
 - Involuntary leg movements, “kicking the habit”
 - Diarrhea
 - An increased sensitivity to pain
 - Difficulty in sleeping

CNS Depressants

Barbiturates and Benzodiazepines



CNS Depressants: *How they work...*

- Decrease brain activity
- Interact with the brain's natural inhibitory chemical system
- Producing a calming or depressive effect



Medical Uses of Depressants

- Anxiety
- Acute stress reactions
- Panic attacks
- Sleep disorders – short term
- Sedation (at high doses)

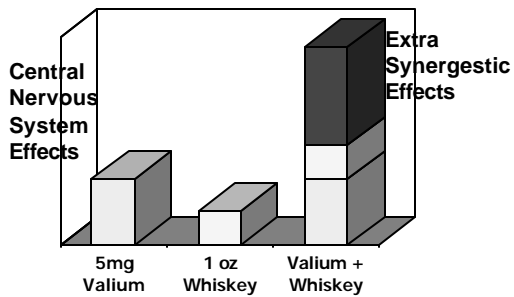
Depressant Abuse Problems

- An individual intentionally abuses them
- When prescribed for extended periods of time, e.g. Valium, Xanax
- When an alcoholic discovers them:
 - provide same state of intoxication as alcohol
 - easy to conceal
 - less gastric irritation

Polydrug Abuse

- A big concern is combining alcohol with other drugs, such as, opioids or depressants
- The effect produced is not an additive effect but a synergistic effect
- Respiratory depression, coma and death

Synergistic Effects When Combining Alcohol and a Sedative-Hypnotic

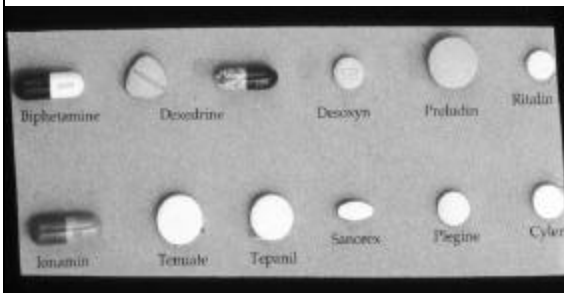


Progression of Effects with CNS Depressant Abuse

- Pleasant sense of well-being
- Disinhibition and lightheadedness
- Drowsiness/Slurred Speech
- Disorientation
- Ataxia
- Sedation/Anesthesia
- Coma and death

Stimulants

Examples: Ritalin, amphetamines



Stimulants: *How they work...*

These drugs enhance brain activity by increasing the release of norepinephrine and dopamine

- Increased alertness, attention and energy
- Increases in blood pressure, heart rate, respiration and blood glucose

Medical Uses of Stimulants

- ADHD
- Narcolepsy
- Documented depression
- Obesity - short term treatment

Polydrug Abuse

- User wants to modulate or terminate effect
 - alternate stimulants and sedatives, “uppers and downers”
 - “Speedball” - heroin or valium & cocaine, heroin and Ritalin

Stimulant Abuse

At high doses:

- Increase nervousness, irritability
- Paranoia - hyperactive behavior and mood swings
- Irregular heart beat
- Dangerously high body temperature
- Potential for cardiovascular failure or seizure

Stimulant Abuse

With chronic abuse:

- Progression of social and occupational problems
- Psychological disturbances:
 - agitation, anxiety
- Violence, belligerence, aggressive behavior
- Hallucinations, withdrawal from reality
- Body “burn out” - severe damage to organs

Safety Tips for Approaching a “Tweaker”

- Keep a social distance
- Do not shine bright lights at them
- Slow your speech and lower the pitch of your voice
- Slow your movements
- Keep your hands visible
- Keep the “tweaker” talking

Let's look at some examples of the commonly abused prescription drugs and what they do and why they are abused

Commonly Abused Opiates

- Hydrocodone (Vicodin, Lorcet)
- Oxycodone (OxyContin, Percocet, Percodan, Tylox)
- Meperidine (Demerol)
- Hydromorphone (Dilaudid)
- Fentanyl (Sublimaze)
- Propoxyphene (Darvon)

Classification of Controlled Substances

Sched.		
I	High abuse potential	No accepted medical use; lack of accepted safety as drug
II	High abuse Potential Severe Psych and/or Physical dependency	Current accepted medical use. Written prescription only. No refill.

Classification of Controlled Substances

Sched.

III

Less abuse potential than Sched I or II
Moderate or low Psych and/or Physical dependency.

Current accepted medical use.
Written or oral prescription.
6-month supply
5 refills.

IV

Less abuse potential than Sched III drugs

Same as above

Classification of Controlled Substances

Sched.

V

Low abuse potential

Current accepted medical use.
Limited dependency possible.
OTC.

Commonly Abused Opiates

- Hydrocodone (Vicodin, Lorcet) CIII
- Oxycodone (OxyContin, Percocet, Percodan, Tylox) CII
- Meperidine (Demerol) CII
- Hydromorphone (Dilaudid) CII
- Fentanyl (Sublimaze) CII
- Propoxyphene (Darvon) CIV

Opiate Abuse

- Addiction is blamed for causing a surge in crime:
 - Robberies and break-ins at pharmacies
 - Harassments, assaults, and robberies of patients leaving drugstores
 - Shoplifting and burglaries to support addiction
 - Domestic violence and abuse

Hydrocodone

- Derived from morphine
 - (Lorcet, Vicodin)
- Moderately strong opiate,
- CIII drugs, very widely abused
- Combination drugs 5/500, 10/650 w/acetamenophine



Cases

- One individual took 16 Lorcet all at once in the morning, "to get myself going"
- Another lady took 40 10/650mg Lorcet/day, 6-10 Xanax, 100mg Zoloft, 50mg Desyrel, smoked marijuana

Oxycodone

- A strong CII analgesic
- Synthesized from thebaine
- Combination drugs:
 - Percodan - w/asprin
 - Percocet, Tylox - w/acetaminophine



Oxycodone

- OxyContin - a highly potent CII analgesic
 - a time release preparation
 - very widely abused and in Eastern U.S., very addictive



OxyContin: Good News/Bad News

- Good news
 - Powerful prescription pain reliever for cancer and chronic pain sufferers
- Bad news
 - Another prescription drug that is highly addictive when abused

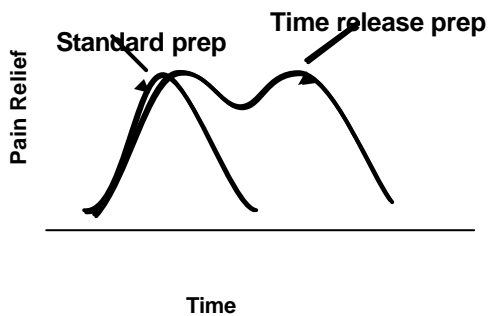
OxyContin

- As effective as morphine and causing less nausea, vomiting and hallucinations
- Has a better tox profile in patients with renal and liver failure
- Used for moderate to severe pain expected to last more than a few days

OxyContin

- Boon for patients suffering from cancer, crippling arthritis and other problems
- Timed release gives a biphasic response

Pain Relief: Time Release Cycle



Oxy gives a powerful high

- High concentration of Oxycodone in time release pills
- Abusers grind pills up and snort or inject them all at once
- Oxy or OC's gives a "heroin-like" high



The OxyContin Dilemma

- Cutback will hurt drug's legitimate users
- Addiction fears have caused patients to refuse treatment

"OC's or Oxy" (\$1-2/mg)

Pharmacy cost	Street value
10mg \$1.60@	\$10-20
40mg 4.70@	\$40-80
80mg 8.80@	\$80-160

Hydromorphone (Dilaudid)

- A very strong CII opiate, also highly abused



Drug Seekers

- Dilaudid
 - Pharmacy price: 20 (4 mg) for \$10
 - Street value: \$50 to \$90 each
- Percodan or Percocet
 - Pharmacy price: \$0.60 each
 - Street value: \$10 each

One Doctor Shopper

- 73 year old lady had 6 bogus prescriptions for 240 4mg Dilaudid
- Cab driver transporting her
- At \$80/pill that's \$19,200

IV injection

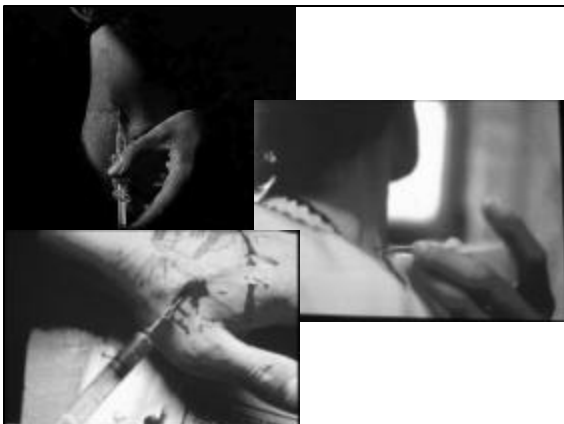
- IV drugs are not designed for direct injection into blood
 - “slamming”
- Grinding up pills and injecting suspension is extremely risky



IV injection

- Pill components do not dissolve well:
 - Particles may clog blood vessels and block blood flow
 - Particles irritate blood vessels and may cause vascular inflammation and permanent damage







OxyContin **Lortab** **Percocet**

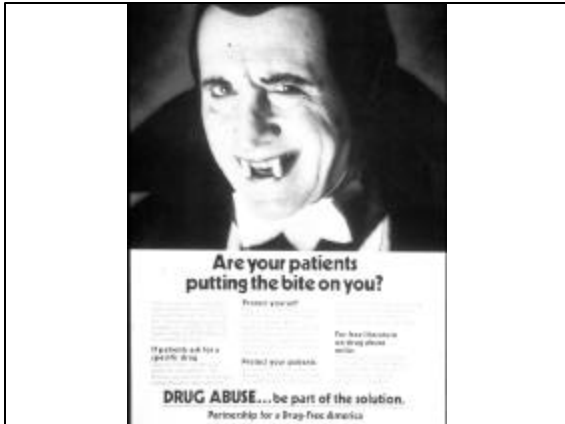
How do people get these drugs?

Vicodin **Xanax** **Dilaudid**

Ritalin **Valium** **Fentanyl** **Tylox**

How do people get these drugs?

- Doctor shopping



One Drug Shopper

- Lived with her husband on a SS check of \$512/mo.
- They bought a \$78,000 house and a \$17,000 van
- Arrested for scamming doctors and writing bogus scripts for Oxy
- Told investigators she was "supplementing" her SS by selling Oxy to drug addicts
 - they were making \$8000/wk

Drug Seeking Behavior.... Physician Beware!

Sponsored by:

North Carolina Board of Medical
Examiners

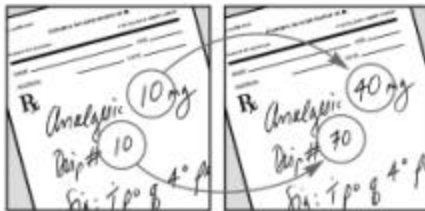
and

The Department of Family Medicine
East Carolina University School of
Medicine

How do people get these drugs?

- Doctor shopping
- Patients with legitimate prescriptions selling the pills
- Altering and forging prescriptions
 - photocopying form or ask doctor for another drug or soak off ink and rewrite script

Alteration of Prescriptions



"Rinsing" Prescriptions



Tamper/Copy-Resistant Rx Pads

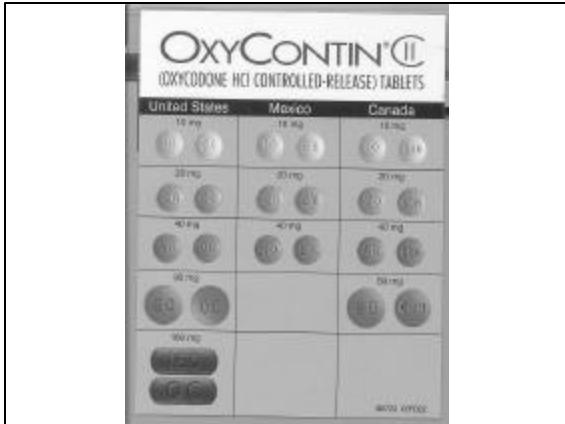
- Holograms
- Copy-resistant paper (microprinting)
- "Void" appears when prescription copied
- Thermochromic ink (disappearing "Rx")

How do people get these drugs?

- Thefts and break-ins from pharmacies and warehouses
- Accosting customers in drugstore parking lots
- Breaking into homes of patients who use these drugs
- Employees stealing from hospitals

How do people get these drugs?

- Smuggling of drugs



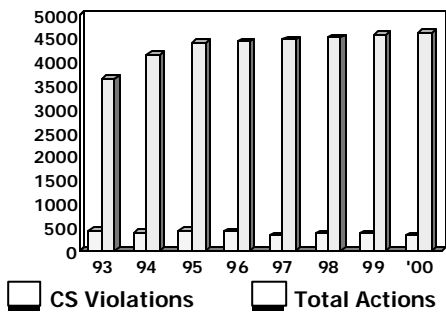
How do people get these drugs?

- Smuggling of drugs
- Inappropriate prescribing by physicians
- Unscrupulous physicians selling drugs

Key Points

- Law enforcement is not interested in investigating appropriate prescribers
- "There's no such thing as under- or over- prescribing, rather appropriate and inappropriate prescribing"
- A very small percentage of prescribers have ever merited sanctions

Controlled Substance Violations (Prescribing Violations)



Key Points

- Law enforcement officers, prosecuting attorneys, and professional licensing board investigators do not determine legitimate medical purpose.... medical experts (your professional peers) do
- Medical expert testimony is required for administrative and criminal actions relating to medical practice and prescribing

The Tenets of Lawful Prescribing

- A lawful prescription for a controlled substance must be
 - issued for a legitimate medical purpose
 - by an individual practitioner acting in the usual course of their professional practice
 - must exist in a true doctor/patient relationship

Example 1

- Prescribing benzodiazepines via telephone to a patient you've never met
 - medical experts would testify that no physician-patient relationship existed
 - therefore, this was not legitimate medical purpose

Example 2

- A nurse stops a physician in the hospital and asks for a small amount of a prescription drug and the physician writes the prescription without a proper H&P and documentation
 - medical experts would testify that no physician-patient relationship existed
 - therefore, this was not legitimate medical purpose

Example 3

- A dentist prescribes an opioid to an adult patient (friend) for low-back pain following appropriate history and physical exam
 - medical experts would testify that even though this was a legitimate medical purpose, it was outside the usual course of professional practice

Drug-Seeking Behavior

- Wants appointment toward end-of-office hours or telephones / arrives after regular business hours
- Insists on being seen immediately or demands immediate action. Says they are in a hurry to catch a plane or late for a business meeting

Drug-Seeking Behavior

- Not interested in having physical examination or undergoing diagnostic tests
- Unwilling to give permission to obtain past medical records
- Unable to recall hospital or clinic where past records are kept, or states they are out of business or had burned down

Drug-Seeking Behavior

- Unwilling or unable to give names of past healthcare professionals
- Claims to be from out of town and to have lost prescription, forgotten to pack medication, or says that it was stolen

Drug-Seeking Behavior

- Exaggerates or feigns medical problems
 - complains of renal colic (pricks finger to add blood to urine specimen)
 - complains of migraine, tic, or toothache
- Recites textbook symptoms or gives very vague medical history

Drug-Seeking Behavior

- Has no interest in referral -- wants prescription now
- Shows unusual knowledge of controlled substances
- Requests a specific drug, unwilling to try any other treatment, with no medical justification
- Claims allergies to non-opioid analgesics with no medical justification

Drug Scams

- Hospital employee who knows surgery schedule calls surgeon posing as family member of a post-op patient, asking for different drug then picks up drug at pharmacy
- Reads obituaries and contacts prescriber for prescription, posing as an out-of-town relative of the deceased

Drug Scams

- Practitioner prescribes for deceased patients and then picks up medication for personal abuse
- Abuser posing as a pharmacist or regulator calls receptionist to obtain DEA numbers of all the prescribers in the practice
- Scams are only limited by the imagination of the drug seeker



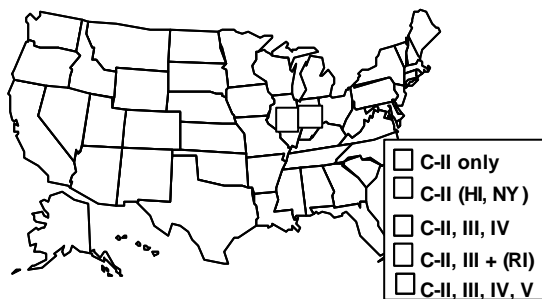
**Electronic Data
Monitoring System**

Electronic
Prescription
Reporting
or
Monitoring
Systems

National Initiative Being Implemented By States

- 17 states now have reporting programs for at least one class of controlled substance
- Additional states will be coming on-line with programs this year

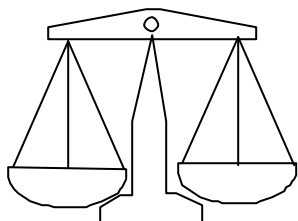
States with Monitoring Programs



Goals

- Systems are designed to be:
 - a source of information for practitioners and pharmacists
 - an investigative tool for law enforcement
- Decrease doctor shopping

Federal and State Controlled Substance Law



Controlled Substances Act 1970

"All prescriptions for controlled substances shall be dated as of, and signed on, the date when issued and shall bear the full name, address of the patient, the drug name, the strength, dosage form, quantity prescribed, directions for use and the name, address, and registration number of the practitioner." 21 CFR 1306.05 (a)

Controlled Substances Act 1970

"A prescription for a controlled substance to be effective must be issued for a legitimate medical purpose by an individual practitioner acting in the usual course of his professional practice."

"...corresponding responsibility rests with the pharmacist who fills the prescription." 21 CFR 1306.04 (a)

Controlled Substances Act 1970

- Emergency telephone prescriptions for Schedule II controlled substances
 - bona fide emergency (vide infra)
 - quantity limited to adequately treat the patient for the emergency period
 - pharmacist shall reduce order to writing

Controlled Substances Act 1970

- Emergency telephone Rx ...
 - pharmacist shall make a reasonable effort to determine that the oral authorization came from a registered practitioner
 - original written prescription delivered to pharmacist within 7 days - must state "Authorization for Emergency Dispensing"
 - 21 CFR 1306.11 (d) 1-4

Controlled Substances Act 1970

- Emergency defined
 - immediate administration of the substance is necessary for proper treatment
 - no appropriate alternatives are available, including non-controlled drug
 - not reasonably possible for practitioner to provide a written prescription before dispensing
 - 21 CFR 290.10 (a-c)

Controlled Substances Act 1970

- Intractable Pain Exception
- Allows any registrant to "administer or dispense narcotic drugs to persons with intractable pain in which no relief or cure is possible or none has been found after reasonable efforts"
- 21 CFR 1306.07 (c)

Controlled Substances Act 1970

- Allows any registrant to "administer or dispense narcotic drugs to persons with intractable pain in which no relief or cure is possible or none has been found after reasonable efforts"
- 21 CFR 1306.07 (c)

DEA Policy

Drug Enforcement Administration

- What is the DEA position on prescribing controlled substances for pain experienced by
 - someone with cancer?
 - someone with chronic pain not due to cancer?

Drug Enforcement Administration

"Controlled substances and, in particular, narcotic analgesics, may be used in the treatment of pain experienced by a patient with a terminal illness or a chronic disorder."

Physician's Manual: An informational outline of the Controlled Substances Act, March 1990, p 21.

Drug Enforcement Administration

"These drugs have a legitimate clinical use and the physician should not hesitate to prescribe, dispense, or administer them when they are indicated for a legitimate medical purpose."

Physician's Manual: An informational outline of the Controlled Substances Act, March 1990, p 21.

Drug Enforcement Administration

"It is the position of the DEA that these controlled substances should be prescribed, dispensed, or administered when there is a legitimate medical need."

Physician's Manual: An informational outline of the Controlled Substances Act, March 1990, p 21.

Summary of Federal Law

- Federal law does not preclude the use of opioids as analgesics for legitimate medical purposes, including treating chronic pain and treating pain in addicts
- Federal law does prohibit the use of opioids to maintain an addicted state without special registration as an NTP
- Federal law is not static (eg, office-based opioid therapy for addiction)

State Law Exceptions

- C II 120-dosage unit rule in SC
- 30-day supply in NY for C II-V
- 34-day supply in WI for C II
- C II must be dispensed within 72 hrs in MA, IL, OK
- Upscheduling
 - carisoprodol C III in GA; C IV in OK, KY
 - ephedrine C IV in OK; C V in OH

State Law Exceptions

- In KY, no emergency phone-in C II Rxs
- Electronic prescription monitoring programs
- Separate controlled substances registration in addition to DEA and State Licensure
- Record keeping requirements
 - NY: 5-year retention vs federal (2 yrs)

State Law Exceptions

- Prescribing restrictions
 - OH: controlled substances, thyroid hormones,
 - and diuretics for weight loss

State "Competent Authorities"

- The primary agency responsible for enforcement of controlled substance laws varies from state to state
 - IN: Indiana State Police
 - OK: Bureau of Narcotics and Dangerous Drugs Control
 - OH: Board of Pharmacy
 - NY: Department of Health

Useful URLs (<http://www.>)

- medsch.wisc.edu/painpolicy
- painmed.org
- ampainsoc.org
- nascsa.org
- naddi.org
- deadiversion.usdoj.gov
- drugabuse.gov

All courses provided by MCTFT have a bond, link and/or direct correlation to the actual business of interdicting, identifying, seizing and stopping the availability and/or use of illegal drugs.

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January, 2002, MCTFT

Multijurisdictional Counterdrug Task Force Training

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